


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) <div style="text-align: center;"> FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> </div>		Docket Number (Optional) 023070-194510US																									
Application Number 10/570,916		Filed March 2, 2006																									
For SOCS-3 PROMOTER METHYLATION IN CANCER																											
Art Unit 1642		Examiner Minh Tam B. Davis																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 25%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One mon th (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> T wo months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three mont hs (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Four m onths (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: center;">\$ 865</td> </tr> <tr> <td><input type="checkbox"/> Five mo nths (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>42,058</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">  <div style="text-align: center;">Signature</div> </div> <div style="width: 45%; text-align: center;"> May 29, 2009 Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;"> Annette S. Parent, Reg. No. 42,058 Typed or printed name </div> <div style="width: 45%; text-align: center;"> (925) 472-5000 Telephone Number </div> </div>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One mon th (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____	<input type="checkbox"/> T wo months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____	<input type="checkbox"/> Three mont hs (37 CFR 1.17(a)(3))	\$1110	\$555	\$ _____	<input checked="" type="checkbox"/> Four m onths (37 CFR 1.17(a)(4))	\$1730	\$865	\$ 865	<input type="checkbox"/> Five mo nths (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____
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<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.</p>																											